



Foreclosure Prevention Assistance Program Borrower Application

INSTRUCTIONS: Complete all information on this application. Please print. Use ink.

Borrower Information:

Last Name	First Name	MI	Social Security
Date of Birth	Dependents under 18	Other Dependents	Household Size
Move in Date	() Home Phone	Mailing Address	
Mailing Address 2	City	State	Zip Code

The following information is requested for all borrowers by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

Sex

- ☐ Male
☐ Female

Ethnicity

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Marital Status

- ☐ Married
☐ Not Married
☐ Separated

Race
(select 1 or more)

- ☐ White
☐ Asian
☐ Black or African American
☐ American Indian or Alaskan Native
☐ Native Hawaiian or Other Pacific Islander

☐ I do not wish to furnish this information

Employment Information:

Self Employed

☐ Yes ☐ No

Unemployed

☐ Yes ☐ No

How Long? _____

Employer Name	Address			
City	State	Zip	() Business Phone	Extension

Co-Borrower Information: (Repeat for all Co-Borrowers)

Last Name First Name MI

Social Security

Date of Birth**Sex**☐ Male
☐ Female**Ethnicity**☐ Hispanic or Latino
☐ Not Hispanic or Latino**Marital Status**☐ Married
☐ Not Married
☐ Separated**Race**
(select 1 or more)☐ White
☐ Asian
☐ Black or African American
☐ American Indian or Alaskan Native
☐ Native Hawaiian or Other Pacific Islander☐ I do not wish to furnish this information

Relationship to Borrower

☐ Co-Head of Household
☐ Dependent☐ Other Adult
☐ Spouse**Employment Information:**

Self Employed

☐ Yes ☐ No

Unemployed

☐ Yes ☐ No

How Long? _____

Employer Name

Address

City

State

Zip

()

Business Phone

Extension

Income:

List all income for household residents age 18 or over. Income listed should include all income which can be reasonably expected to be received during the next 12 months.

Income includes, but is not limited to, the following sources by any resident, 18 or over:

Base Pay	Educational Grants
Self-Employment	Transfer Payment Income (Unemployment Compensation, Public Assistance, Worker's Compensation, Disability, VA, Pensions, Social Security Benefits)
Variable Income (Bonus, Overtime, Shift Pay, Commissions, Tips, Seasonal)	Interest/Dividend
Flexible Benefit Cash	Investment Property, etc. (Rental Income, Contract for Deed Payment Income)
Housing/Car Allowance	Roommate Rent
Child/Spousal Support	Other

Name of Resident	Source	Annual Income
Total Annual Household Income		\$

Assets:

List the cash value of assets held by all household residents. If money is owed on any item, the value listed should equal the market value of the item minus the amount that is owed.

Cash on hand, in checking accounts, or in savings accounts (including those held in trust).	\$
Cash value of Securities of U.S. Savings Bonds, IRAs, 401K, etc.	\$
Redemption value of life insurance policies.	\$
Current Market Value of real estate. Exclude property to be improved and up to 160 surrounding acres or two contiguous lots. Include 100% of the outstanding balance that will be owed to you one year from the date of this application on property sold on Contract for Deed.	\$
Personal property including, but not limited to: farm equipment, farm stock, business machinery, and/or inventory, additional vehicles, etc. excluding household furnishings, clothing, and one personal vehicle.	\$
Other (i.e., other land holdings, etc. specify):	\$
TOTAL ASSETS \$	

Business assets of self-employed individuals must be verified by attaching a net worth statement signed and prepared by an impartial third party.

Property Information:

Address		Address 2	
City	County	MN State	Zip Code

Building Type	<input type="checkbox"/> Single Family	<input type="checkbox"/> Duplex	<input type="checkbox"/> Condo
	<input type="checkbox"/> Townhome	<input type="checkbox"/> Fourplex	<input type="checkbox"/> Manufactured Home Real Property
	<input type="checkbox"/> Twinhome	<input type="checkbox"/> Triplex	<input type="checkbox"/> Manufactured Home Personal Property

Year Built	Value (from property tax statement)	\$	Category	<input type="checkbox"/> New <input type="checkbox"/> Existing
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Disclosures:

- The information requested in this application is legally required to determine if you qualify for participation in this Minnesota Housing program. A portion of the data requested is classified as "private data on individuals" under Minnesota Statute 462A.065. Use of data obtained is limited to that necessary for the administration and management of this program by Minnesota Housing personnel, those under contract with Minnesota Housing, and other governmental agencies when authorized by state statute or federal law.
- The disclosure of your Social Security Number or Minnesota Tax Identification Number is required for participation in this Minnesota Housing program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Sections 270A.01 to 270A.12 of Minnesota Statutes). Supplying these numbers could result in the application of state taxpayer refunds to the payment of any delinquent indebtedness you may owe to Minnesota Housing under this or any other Minnesota Housing programs. These numbers may be made available to state tax authorities and state personnel involved in the collection of obligations.
- Under Minnesota law a person who obtains funds through false representation is guilty of theft and may be prosecuted and sentenced accordingly.
- If the property ceases to be your principal residence or is sold, title is transferred or conveyed, or the maturity date of the mortgage has been reached, then the full amount of the loan will be due and payable.
- Your ability to use any potential equity in the property will be severely restricted. Subordinations are not allowed.

Certifications:

- I/We certify that I/We have not previously received a Minnesota Housing Foreclosure Prevention Assistance Loan.
- I/We certify that the statements contained in this application are true, accurate and complete to the best of my/our knowledge and belief.

Signatures: All residents age 18 or over with an income must sign this application.

Borrower Signature

Date of Application

Co-Borrower Signature

Date of Application

Co-Borrower Signature

Date of Application

INSTRUCTIONS: Remaining items to be completed by Lending Partner.

Delinquent Loan Information

First Mortgage Company/Vendor

Loan Number

Address

City

State

Zip

()

\$

\$

\$

Phone number

Monthly Payment
(Includes CD, Mortgage, Lot
Payment, Association fee)

Taxes
(If not included)

Insurance
(If not included)

Mortgage Type

☐ Contract for Deed *

☐ VA

☐ Conventional, Insured

☐ Rural Development

☐ Conventional, Uninsured

☐ Other

☐ FHA

*Print Contract for Deed Vendor's Name as it will appear on legal documents.

Contract for Deed Vendors Name

Reason(s) for Default (check all that apply)

☐ Bankruptcy

☐ Marital difficulties

☐ Death/Illness of Mortgagor

☐ Temporary curtailment of income

☐ Extensive obligations/Mismanagement of funds

☐ Unemployment of mortgagor

☐ Failure of mortgagor(s) business

Type a brief narrative about the borrower, including why they applied for FPAP. Demonstrate how the situation has stabilized and steps that have been taken toward this stabilization.

Borrower attended a Homebuyer Training Class?

☐ Yes
☐ No

Organization Location _____

Borrower met with Budget Counselor?

☐ Yes
☐ No

How many counseling hours? _____

Application reviewed by loan committee

☐ Yes
☐ No

Budgeting discussed with applicant

☐ Yes
☐ No

Borrower(s) income meets 60% of the median income guideline?

☐ Yes
☐ No

FPAP Assistance Applied Toward

Closing Costs, include O&E Fee	\$ _____	Insurance, Taxes or Utilities	\$ _____
Delinquent Mortgage, CD, or Rent Payment	\$ _____	Recording Fees	\$ _____
Future Mortgage, CD, or Rent Payments	\$ _____	Relocation Costs	\$ _____
Home Improvement Repairs	\$ _____	Special Assessments	\$ _____
Homeowner Association Dues	\$ _____	Other Costs Necessary to prevent Foreclosure, Eviction	\$ _____
		Total FPAP Funds Used	\$ _____

Please list any Funding Sources and amount used to complete this project:
(Other Loans, Grants, Local Government Incentives)

Source Name	Type	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Non-FPAP funds used		\$ _____

Each of the undersigned hereby acknowledge that any owner of this loan, its servicers, successors and assigns, may verify or reverify any information contained in this application or obtain any information or data relating to the loan, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency.

Minnesota Housing Lending Partner Certification

Minnesota Housing Lending Partner certifies that the information contained herein above is true and correct, to the best of my knowledge based on normal and prudent business practices. The qualified FPAP assistance issued to the Borrower(s) identified herein is in accordance with the terms of that certain Participation Agreement between Minnesota Housing and Minnesota Housing Lending Partner.

Minnesota Housing Lending Partner

Signature

Print Name

Date

Title